

TCW BCF \$



TRANSMITTAL FORM

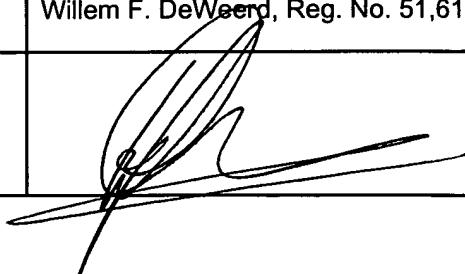
(to be used for all correspondence after initial filing)

Complete if Known	
Application Number	09/125,114
Filing Date	August 18, 1998
First Named Inventor	PRICE
Examiner Name	Jiang, Shaojia A.
Group Art Unit	1617
Total Number of Pages in This Submission	Attorney Docket Number 2955-101

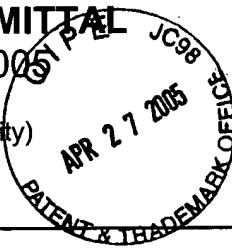
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

REMARKS:

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Willem F. DeWeerd, Reg. No. 51,613			
SIGNATURE		DATE	April 27, 2005	DEPOSIT ACCOUNT USER ID 02-2135
				XXX

FEET TRANSMITTAL
for FY 2005
(Large Entity)



		Complete if Known	
		Application Number	09/125,114
		Filing Date	August 18, 1998
		First Named Inventor	PRICE
		Examiner Name	Jiang, Shaojia A.
		Group Art Unit	1617
<input type="checkbox"/> Applicant claims small entity status		Attorney Docket Number	2955-101
Total Amount of Payment (\$2090)		Confirmation Number	7439

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135. (\$1300)
- Payment by check enclosed

FEES CALCULATION

1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	300	Utility Filing Fee	
	790	filed before Dec. 8, 2004	
1111	500	Utility Search Fee	
1311	200	Utility Examination Fee	
1002	200	Design Filing Fee	
	350	filed before Dec. 8, 2004	
1112	100	Design Search Fee	
1312	130	Design Examination Fee	
1003	200	Plant Filing Fee	
	550	filed before Dec. 8, 2004	
1113	300	Plant Search Fee	
1313	160	Plant Examination Fee	
1004	300	Reissue Filing Fee	
	790	filed before Dec. 8, 2004	
1114	500	Reissue Search Filing Fee	
1314	600	Reissue Examination Fee	
1005	200	Provisional Filing Fee	

SUBTOTAL

\$

2. CLAIMS

	Extra Claims	Fee	Fee Paid
Total Claims	[52] - 38* = [14] x	\$50 =	[700]
Independent Claims	[9] - 6* = [3] x	200 =	[600]
Multiple Dependent Claims	+ 360 = []		

*or number previously paid, if greater

SUBTOTAL \$1300

SUBTOTAL \$790

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = []/50 = []** x \$250 =

** Number of each additional 50 or fraction thereof

SUBTOTAL \$

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Willem F. DeWeerd, Reg. No. 51,613			
SIGNATURE	Willem F. DeWeerd <i>[Signature]</i>	DATE	April 27, 2005	DEPOSIT ACCOUNT USER ID 02-2135
	28957			XXX